

CUSTOMER SURVEY

NAVAL AND MARINE CORPS RESERVE CENTER MORENO VALLEY



DATE: _____

PLEASE IDENTIFY WHICH DEPARTMENT YOU ARE RATING

CO ____ XO ____ CMD CPO ____ ADMIN ____ TRAINING ____ MEDICAL ____ FACILITIES ____
MANPOWER ____ RESPAY ____ INFOSYS ____ OTHER _____

PLEASE IDENTIFY THE LEVEL OF SATISFACTION IN THE FOLLOWING AREAS REGARDING THE SERVICE RECEIVED:

	VERY SATISFIED	SATISFIED	DISSATISFIED	VERY DISSATISFIED
TIMELINESS OF SERVICE ----- Was the service provided when you needed it or within an acceptable timeframe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAFF COURTESY ----- Was the staff professional and courteous when providing the service you requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EASE OF CONTACT ----- Were you able to reach the staff member you needed? Were your phone calls e-mails answered within a satisfactory timeframe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUALITY AND ACCURACY ----- Were your questions answered? Did the service you receive meet your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIVENESS ----- Was the staff responsive to your needs? Did they display A sense of urgency when providing you service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVER ALL SERVICE -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please enter your comments/recommendations below..

if you need more room please continue on the back

Would you like to be contacted in regards to this survey? YES/NO

OPTIONAL INFORMATION

NAME: _____ RANK/RATE: _____ UNIT: _____

HOME PHONE: _____ WORK PHONE: _____

ADDRESS: _____

Thank you for taking the time to share your thoughts and recommendations with us.